

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	28OCT19-39KH-00588-14AMA	190230100588 VERSION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : Collision With Pedestrian (POV-PED)

Date Received 28-OCT-2019	Time Received 1604	Incident Received By Crime Stop Call/911	Start Date / Time of Incident 28-OCT-2019 1604	End Date / Time of Incident 28-OCT-2019 1652
-------------------------------------	------------------------------	--	--	--

Type of Accident Vehicle-Pedestrian	Number Vehicles Involved 1	Severity 0 Number Killed 0 Number Injured No Property Damage
---	--------------------------------------	--

Weather : Clear **Lighting :** Daylight

LOCATION

On/Off Base On	Road or Street on Which Accident Occurred G STREET	City, State/Territory, Zip/Postal Code, Country MCBH Kaneohe Bay, HI 96863 USA
--------------------------	--	--

67 Feet W of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as Building 5070

Kind of Locality : Highway/Road/Alley (includes street)

VEHICLE(S)

Vehicle # 1	Year 2000	Color Black	Model SILVERADO	Body Style Pickup	Make CHEVROLET	Owner Name (b) (6), (b) (7)(C)
--------------------	---------------------	-----------------------	---------------------------	-----------------------------	--------------------------	--

License Plate Hawaii / JGZ451	DOD Decal TEMP	Vehicle Identification Number (VIN) (b) (6), (b) (7)(C)	Ownership Type Private/Personal
---	--------------------------	---	---

Insurance Policy Number (b) (6), (b) (7)(C)	Insurance Company ALL STATE	Insurance Expires On 31-MAY-2020
---	---------------------------------------	--

Other Identifying Marks : Roof Rack

Traffic Control/Road Conditions

Driving Lanes : Two Lane	Character : Level, Straight
Surface : Blacktop	Conditions : Dry
Road Defects : No Defects	Traffic Control : Flashing Light, Warning Sign

Contributing Circumstances and Driver Actions

Direction Headed : SW	Vehicle Defects : None Noted	
Lawful Speed : 25	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :	

Vehicle Damage

Severity of Damage : No Damage	Areas Damaged : 1 - Front Right
Towed By : RELEASED TO OWNER	Towed To : N/A

DRIVER(S)

DRIVER #1	Vehicle 1	
Name (b) (6), (b) (7)(C)	ID Num	Rank
Branch of Service	Personnel Type CIVILIAN	Status CIVILIAN
Date of Birth (b) (6), (b) (7)(C)	Place of Birth	

<u>Home Telephone</u> (b) (6), (b) (7)(C)		<u>Work Telephone</u> (b) (6), (b) (7)(C)	
<u>Address</u> (b) (6), (b) (7)(C)			
<u>Organization</u> (b) (6), (b) (7)(C)		<u>UIC / RUC</u>	
<u>Drivers License</u> (b) (6), (b) (7)(C) USA		<u>Limitations on License</u> None	<u>Driving Experience</u> 33
<u>Seat Belt Use</u> Both Used	<u>Seat Occupied</u> 1	<u>Chemical Test Given</u> No	<u>Chemical Test Refused</u> No
<u>BAC PCT</u>			
<u>Injury Type(s):</u>			
Contributing Circumstances and Driver Actions			
<u>Citation Number</u> N18939073		<u>Driver Actions</u> Going Straight Ahead	
<u>OCCUPANTS(S)</u>			
<u>PEDESTRIAN(S)</u>			
<u>PEDESTRIAN #1</u>			
<u>Name</u> (b) (6), (b) (7)(C)		<u>ID Num</u>	<u>Rank</u>
<u>Branch of Service</u> Marine Corps	<u>Personnel Type</u> MILITARY	<u>Status</u> Regular (Active)	<u>Date of Birth</u> (b) (6), (b) (7)(C)
<u>Place of Birth</u>			
<u>Home Telephone</u> (b) (6), (b) (7)(C)		<u>Work Telephone</u> (b) (6), (b) (7)(C)	
<u>Pedestrian Was Going</u> N		<u>Along/Across/Into</u> G Street	
<u>From</u> Football field		<u>To</u> Barracks 5070	
<u>Pedestrian Actions</u> Crossing with Signal			
<u>COMPLAINANT(S)</u>			
<u>OFFENSE(S)</u>			
<u>PROPERTY</u>			
<u>PROPERTY - NARCOTIC(S)</u>			
<u>WITNESS(S)</u>			
<u>WITNESS</u>		DD2701 Issued : 28-OCT-2019	
<u>Name</u> (b) (6), (b) (7)(C)		<u>ID Num</u>	<u>Rank</u>
<u>Branch of Service</u>	<u>Personnel Type</u> CIVILIAN	<u>Status</u> FAMILY MEMBER	<u>Date of Birth</u> (b) (6), (b) (7)(C)
<u>Place of Birth</u>			
<u>Address</u> (b) (6), (b) (7)(C)			
<u>Organization</u>		<u>UIC / RUC</u>	<u>Work Telephone</u>
<u>VICTIMS(S)</u>			
<u>SPONSOR(S)</u>			
<u>SPONSOR</u>			
<u>Name</u> (b) (6), (b) (7)(C)		<u>ID Num</u>	<u>Rank</u>
<u>Branch of Service</u> Marine Corps	<u>Personnel Type</u> MILITARY	<u>Status</u> Regular (Active)	<u>Date of Birth</u> (b) (6), (b) (7)(C)
<u>Place of Birth</u>			
<u>Address</u> (b) (6), (b) (7)(C)			
<u>Organization</u> (b) (6), (b) (7)(C)		<u>UIC / RUC</u> 30060	<u>Work Telephone</u> (b) (6), (b) (7)(C)
<u>Sponsor of:</u>			
<u>SPONSOR</u>			

Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)
Place of Birth			
Address (b) (6), (b) (7)(C)			
Organization (b) (6), (b) (7)(C)		UIC / RUC	Work Telephone
Sponsor of :			
SUSPECT(S) / ARRESTEE(S)			
ADDITIONAL POLICE OFFICERS			
POLICE OFFICER			
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service	Personnel Type CIVILIAN	Status CIVILIAN EMPLOYEE	Organization PMO/CIV
POLICE OFFICER			
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service	Personnel Type CIVILIAN	Status CIVILIAN EMPLOYEE	Organization PMO, HQBN
NARRATIVE			
<p>At 1604, on 28 October 2019, PMO was notified via Military 911 of a pedestrian collision on G Street adjacent to Building 5070, MCBH Kaneohe Bay, HI 96863. This is located in the special maritime and territorial jurisdiction of the United States.</p> <p>Statements:</p> <p>Driver-1 provided me with a verbal statement which essentially relating the following: I stopped for two guys that were crossing the street and after they passed I started going and didn't see the third guy and I hit him and he spun off my truck then I got out to help him.</p> <p>Witness-1 provided me with a verbal statement which essentially relating the following: I was walking toward the football field and there were two guys ahead of me and the black trucked stopped and let them cross to go to football field and one guys was leaving the football field and was crossing the street when the black truck hit the gas and hit the guy crossing and the guy spun off the truck. The truck pulled over and asked the guy he hit if he was okay.</p> <p>Both Driver-1 and Witness-1 provided a written voluntary statement.</p> <p>Investigation:</p> <p>Investigation revealed Vehicle-1 was traveling southwest on G Street. Driver-1 failed to observe and yield the right of way to Pedestrian-1. Pedestrian-1 was attempting to cross G Street in marked cross walk. Vehicle-1 struck Pedestrian-1 with the front right bumper causing Pedestrian-1 to spin off Vehicle-1 and then striking the ground.</p> <p>Pedestrian-1 was transported to Tripler Army Medical Center by ALS due to his possible injuries to his right arm and right leg.</p> <p>Damage:</p> <p>Vehicle-1 sustained no damages.</p> <p>Injuries:</p> <p>Pedestrian-1 sustained no major injuries, but suffers from chest strain.</p> <p>Citation:</p> <p>Driver-1 was cited for failure to yield to pedestrian in cross walk.</p>			
ENCLOSURE(S)			
ENCL #	DESCRIPTION		
1	Sketch Diagram		
2	DD Form 1408 (N18939073)		
3	(b) (6), (b) (7)(C) Voluntary Statement		
4	(b) (6), (b) (7)(C) Voluntary Statement		

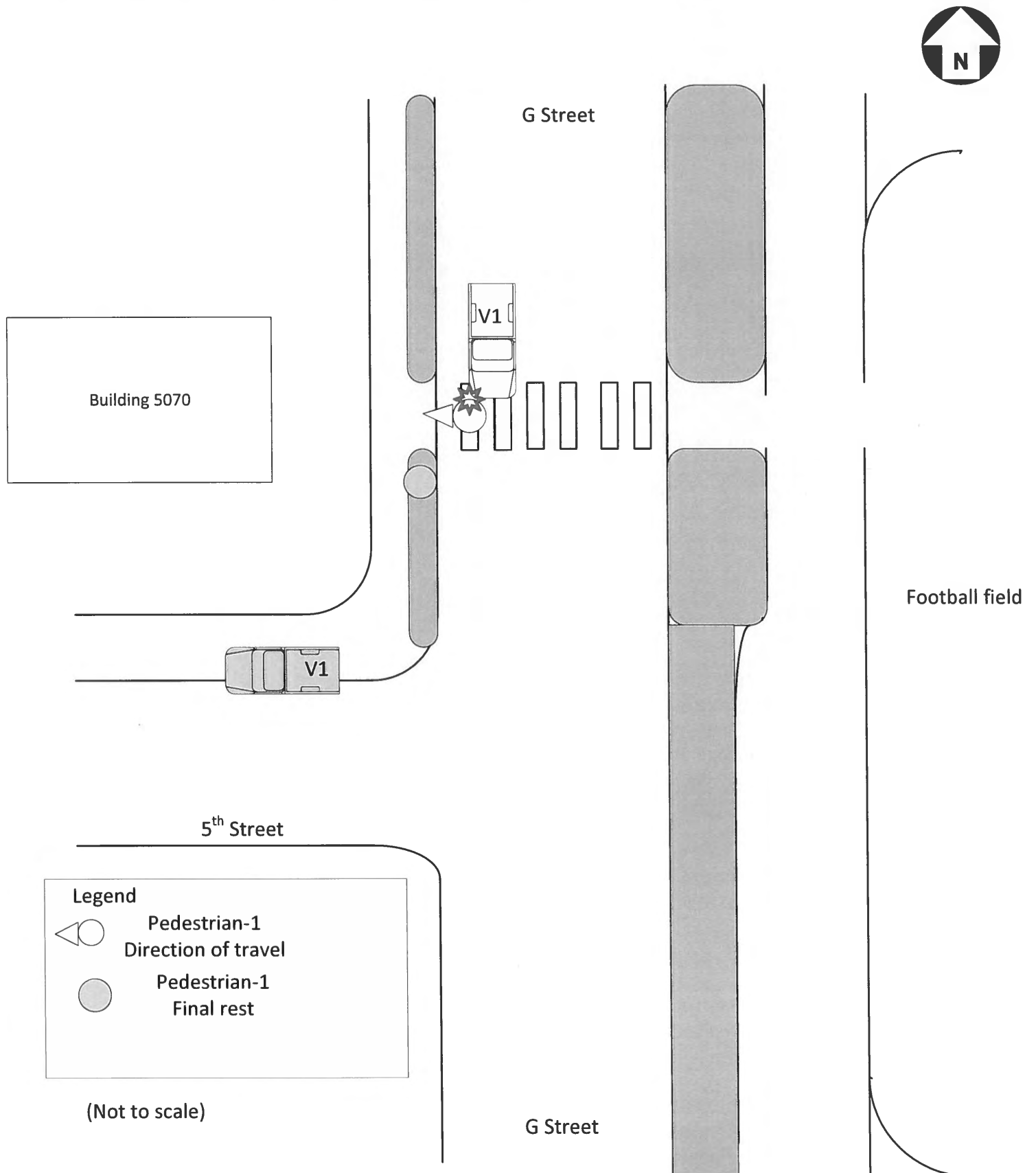
5	Photograph Log
6	(b) (6), (b) (7)(C) Voluntary Statement
7	Medical Documents
8	Medical Release Forms

REPORTING/APPROVING OFFICIALS			
Reporting Official		Date	
(b) (6), (b) (7)(C)		25-NOV-2019	
Accident Investigator		Accident Investigations Chief	
		Date	
		25-NOV-2019	
		FINAL APPROVED ON 25-NOV-2019	

DISTRIBUTION
Referred To/Assumed By :
Distribution :

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20191028	1604	G Streer ADJ to Building 5070	(b) (6), (b) (7)(C)	190230100588



ARMED FORCES TRAFFIC TICKET					
WARNING <input type="checkbox"/> (see Remarks below)		NAME (Last, First, Middle Initial) X			
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.					
1. NAME (Last, First, Middle Initial)		(b) (6), (b) (7)(C)			
2. RANK / GRADE		3. DATE OF BIRTH		4. SOCIAL SECURITY NO.	
GTV					
5. ORGANIZATION OR ADDRESS					
(b) (6), (b) (7)(C)					
6. DRIVER LICENSE NUMBER		7. ISSUING AUTHORITY (State or Federal)		(b) (6), (b) (7)(C)	
H H J G Z 4 S I		10. INSTL TAG NO.			
11. DATE (Day-month-year)		13. LOCATION			
28 OCT 10		G ST			
MAX SPEED OVER LIMIT		X	X	X	
mph in a high zone					
V	IMPROPER LEFT TURN		5 - 10 MPH	11 - 15 MPH	OVER 15 MPH
I	IMPROPER RIGHT TURN		NO SIGNAL	CUT CORNER	FROM WRONG LANE
O	DISOBEYED TFC SIGNAL (When light turned red)		NO SIGNAL	MIDDLE OF INTERSECTION	HAD NOT REACHED INTERSECTION
L	STOPPED IN WRONG PLACE		AT INTERSECTION	FENCED TO STOP	ROLLED / SPED THROUGH
T	IMPROPER PASSING AND LANE USAGE		BETWEEN TFC	CUT IN	MOVING SIDE OF HIGHWAY
I	FOL. TOO CLOSELY FAILURE TO YIELD		LANE STRADDLING	WRONG LANE	ON CURVE
N					
OTHER VIOLATIONS (Describe)					
JK					
PARKING		DOUBLE PARKING			
OVERTIME		PROHIBITED AREA			
RAIN		SNOW			
ICE		FOG			
DARKNESS		SNOW			
OTHER TRAFFIC PRESENT		ONCOMING PEDESTRIAN SAME DIRECTION			
CAUSED PERSON TO DODGE		DRIVER JUST MISSED ACOT			
VIOLATION		PEDESTRIAN HIT FIXED OBJ			
INCREASED SERIOUSNESS		RIGHT ANGLE SIDESWIPE REAR END INTERSECTION HEAD ON RAN OFF ROAD			
OF VIOLATION		DIVIDED			
15. REMARKS					
I. FAILURE TO YIELD TO PEDESTRIAN IN CROSS WALK.					
16. NAME OF PERSON ISSUING TRAFFIC TICKET					
(b) (6), (b) (7)(C)					
17. ORGANIZATION AND INSTALLATION					
PMA AFD MCPH					
18. RANK / GRADE					
(b) (6), (b) (7)(C)					
CO of violator or appropriate civil agency					
DD Form 1408, DEC 87					

VOLUNTARY STATEMENT

1. PLACE G ST ADJACENT TO BUILDING 5070

2. DATE(DDMMYY) / TIME

28-10-19 28 OCT 19/1647

I, (b) (6), (b) (7)(C) make the following free and voluntary statement to (b) (6), (b) (7)(C) whom I know to be MILITARY POLICE OFFICER. I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of FAILURE TO YIELD.

For identification purposes, I am a (b) (6), (b) (7)(C) I am about (b) (6), (b) (7)(C) inches tall and weigh approximately (b) (6), (b) (7)(C) pounds. My hair color is (b) (6), (b) (7)(C) I was born in (b) (6), (b) (7)(C) (CITY/STATE) on (b) (6), (b) (7)(C). I am currently attached to (b) (6), (b) (7)(C) (FULL MILITARY UNIT). My home address is (b) (6), (b) (7)(C)

I WAS ON THE WAY HOME FROM G STREET
STOP AT THE PEDESTRIAN CROSS WALK LET THIS
TO GUYS PASS SO I WENT BUT I DID NOT
NOT SEE THE THIRD GUY. SO I HIT HIM
ON THE FRONT SIDE OF MY TRUCK. SO
I STOP AND ASK IF HIS ALRIGHT HE WAS
STANDING. HE SAID IM OK BUT I SHOULD GET
CHECK UP JUST IN CASE AND HE START CALLING
HIS MEDICAL CLINIC. I TOLD HIM IM REALLY SORRY
FOR WHAT HAPPEN I DID NOT SEE YOU. I
HAVE NOTHING FURTHER TO WRITE

END OF STATEMENT

STATEMENT CONTINUATION OF:

NAME: LAST: _____

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

SPACE

NOT

USED

(b) (6), (b) (7)(C)

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 02 PAGES. I HAVE MADE ALL CORRECTIONS THAT I DESIRE AND SWEAR THAT THE CONTENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE MADE THIS STATEMENT FREELY AND VOLUNTARY WITHOUT PROMISE OF BENEFIT OR REWARD AND WITHOUT THREAT OF PUNISHMENT, COERCION OR UNLAWFUL INDUCEMENT.

(b) (6), (b) (7)(C)

PRINT NAME

10-28-19
DATE / TIME

(b) (6), (b) (7)(C)

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 28 DAY OF 10-19 AT 16:42

(b) (6), (b) (7)(C)

MILITARY POLICE PRINT NAME

(b) (6), (b) (7)(C)

MILITARY POLICE SIGNATURE

AUTHORITY: ARTICLE 136 (b) (4) UCMJ

INITIALS OF PERSON MAKING STATEMENT RT PAGE 02 OF 02

CCN: 190230100588

ENCLOSURE (3)

VOLUNTARY STATEMENT

1. PLACE parking lot of
5070 MCBH
2. DATE(DDMMYY)/TIME
28 Oct 19 1416

I, (b) (6), (b) (7)(C) make the
Following free and voluntary statement to: (b) (6), (b) (7)(C)
whom I know to be Police Officer. I make this statement of my
own free will and without any threats or promises extended to me. I fully understand that this statement is
given concerning my knowledge of Car Accident

For identification purposes, I am a (b) (6), (b) (7)(C) I am about (b) (6), (b) (7)(C) inches tall and weigh
approximately (b) (6), (b) (7)(C) pounds. My hair color is (b) (6), (b) (7)(C). I was born in:
(b) (6), (b) (7)(C). (CITY/STATE) on _____ (DATE). I am currently attached to
_____. (FULL MILITARY UNIT). My home address is
(b) (6), (b) (7)(C).

I was walking towards pop Warner field. 2 guys crossed
the cross walk going towards pop Warner. 1 Guy crossed the
Cross walk, walking away from pop Warner field. (victim)
When he almost got to the side I was on, A black pickup
truck was waiting in lane for the 2 guys to cross. He
willingly admitted that he was watching the 2 guy cross &
did not see the single guy. He (truck driver) pressed on
the gas while the single guy was in the corner of his truck.
He hit the single guy on his whole right side causing him
to spin & he looked as shocked as I did. Since I was about
5 ft away from him. I asked him if he was ok.
End of statement

STATEMENT CONTINUATION OF:

NAME: LAST: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

[Handwritten signature across the page]

(b) (6), (b) (7)(C)

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 2 PAGES. I HAVE MADE ALL CORRECTIONS THAT I DESIRE AND SWEAR THAT THE CONTENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE MADE THIS STATEMENT FREELY AND VOLUNTARY WITHOUT PROMISE OF BENEFIT OR REWARD AND WITHOUT THREAT OF PUNISHMENT, COERCION OR UNLAWFUL INDUCEMENT.

(b) (6), (b) (7)(C)

PRINT NAME

10.28.19 16:22
DATE / TIME

SIGNATURES SUBSCRIBED AND SWORN TO BEFORE ME ON THIS Oct DAY OF 28 AT 1625

(b) (6), (b) (7)(C)

MILITARY POLICE PRINT NAME

(b) (6), (b) (7)(C)

MILITARY POLICE SIGNATURE

AUTHORITY: ARTICLE 136 (b) (4) UCMJ

INITIALS OF PERSON MAKING STATEMENT _____ PAGE 02 OF 02

CCN: 190230100588

ENCLOSURE (4)

Photo-1: Front right profile of Vehicle-1 no new damage shown



Photo-2: Rear left profile of Vehicle-1 with no new damage shown.



Photo-3: Driver-1 view of travel before point of impact. Point of impact circled below



Photo-4: Pedestrians view of the crosswalk before the impact.



VOLUNTARY STATEMENT

1. PLACE BUILDING 1046

2. DATE(DDMMYY) / TIME

30 OCT 19 / 1831

I, (b) (6), (b) (7)(C) make the following free and voluntary statement to (b) (6), (b) (7)(C) whom I know to be MILITARY POLICE OFFICER. I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of THE CAR INCIDENT TAKING PLACE ON 28 OCT 19.

For identification purposes, I am a (b) (6), (b) (7)(C) I am about (b) (6), (b) (7)(C) inches tall and weigh approximately (b) (6), (b) (7)(C) pounds. My hair color is (b) (6), (b) (7)(C). I was born in (b) (6), (b) (7)(C) (CITY/STATE) on (b) (6), (b) (7)(C) (DATE). I am currently attached to (b) (6), (b) (7)(C) (FULL MILITARY UNIT). My home address is (b) (6), (b) (7)(C).

I WAS RETURNING FROM THE ANNEX AFTER BUYING A NEW PAIR OF BOOTS. WHEN I HAD GOTTEN TO THE CROSS WALK IN BETWEEN THE ATHLETIC FIELD AND MY BARRACKS, I HAD SEEN THERE WERE TWO OTHER INDIVIDUALS CROSSING WITH THE LIGHTS FLASHING. AFTER I HAD ENSURED ALL OF THE VEHICLES HAD STOPPED ON BOTH SIDES I HAD WENT INTO THE CROSS WALK. I WAS OVER HALF WAY ACROSS THE ROAD BEFORE I HAD THOUGHT I SAW THE VEHICLE STARTING TO MOVE FORWARD, I HAD TURNED TOWARDS IT SLIGHTLY TO CONFIRM IT BEFORE I WAS HIT. I WAS INITIALLY HIT ON MY RIGHT SIDE AND THEN THE REST OF MY BODY HIT THE FRONT OF THE VEHICLE. AFTER THE DRIVER HAD REALIZED HE HAD HIT ME, HE STOPPED AND I WENT TO THE SIDE WALK AS FAST AS I COULD. AFTER THE ACCIDENT, THE WITNESS HAD ASKED IF I WAS ALL RIGHT. I REALLY DID NOT KNOW HOW TO ANSWER HER, I WAS IN DISBELIEF THAT I HAD REALLY JUST BEEN HIT IN A CROSS WALK. SHE HAD PROCEEDED TO CALL PMO AND I REACHED OUT TO ONE OF MY RECENT CONTACTS TO SAY I HAD JUST BEEN HIT BY A TRUCK IN FRONT OF THE BARRACKS AND ATHLETIC FIELD. I HAD STAYED THERE UNTIL THE AMBULANCE HAD COME OVER TO THE SCENE. THEY PROCEEDED TO ASK ME IF I WAS ALL RIGHT, WHERE IT HURT, WHAT HAD HAPPENED. SHORTLY AFTER BEING INITIALLY EXAMINED BY EMS, I HAD WENT WITH THEM TO THE HOSPITAL. I WAS ORIGINALLY HEADED TO THE BARRACKS TO DROP OFF MY BOOTS BEFORE GOING TO THE BARBERSHOP. I HAVE NOTHING FURTHER TO ADD TO THIS STATEMENT AT THIS TIME.

END OF STATEMENT

OPNAV 5527/2

INITIALS OF PERSON MAKING STATEMENT

PAGE 01 OF 02

CCN: 192 301 00588

ENCLOSURE (6)

STATEMENT CONTINUATION OF:

NAME:

LAST

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

SPACE

NOT

USED

(b) (6), (b) (7)(C)

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 02 PAGES. I HAVE MADE ALL CORRECTIONS THAT I DESIRE AND SWEAR THAT THE CONTENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE MADE THIS STATEMENT FREELY AND VOLUNTARY WITHOUT PROMISE OF BENEFIT OR REWARD AND WITHOUT THREAT OF PUNISHMENT, COERCION OR UNLAWFUL INDUCEMENT.

(b) (6), (b) (7)(C)

PRINT NAME

20191030/1906

DATE / TIME

(b) (6), (b) (7)(C)

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 30 DAY OF OCTOBER AT 1906

(b) (6), (b) (7)(C)

MILITARY POLICE PRINT NAME

(b) (6), (b) (7)(C)

MILITARY POLICE SIGNATURE

AUTHORITY: ARTICLE 136 (b) (4) UCMJ

INITIALS OF PERSON MAKING STATEMENT

(b) (6), (b) (7)(C)

PAGE 02 OF 02

CCN: 14230100588

ENCLOSURE (6)

INDIVIDUAL SICK SLIP <input type="checkbox"/> ILLNESS <input checked="" type="checkbox"/> INJURY		DATE 281019
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT (b) (6), (b) (7)(C)		ORGANIZATION AND STATION TRIPLER ARMY MEDICAL CENTER
SERVICE NUMBER/SSN	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY NO
REMARKS		DISPOSITION OF PATIENT <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input checked="" type="checkbox"/> OTHER (Specify):
REMARKS No running, no jumping, nor lifting more than 10lbs. May walk at own pace. Restrictions for 5 days.		REMARKS (b) (6), (b) (7)(C)
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER PEREZ MD / EMERGENCY R

DD FORM 689, MAR 63

PREVIOUS EDITIONS ARE OBSOLETE.

Reset

Adobe Professional 7.0

190230100588

ENCLOSURE (7)

General Instructions with ExitWriter

Tripler Army Medical Center

1 Jarrett White Road, Honolulu, HI 96859 (808) 433-6629 / 3710 (ER)

Arrival Date/Time: 10/28/2019 16:36

Patient: (b) (6), (b) (7)(C)

Thank you for visiting the Tripler Army Medical Center-Emergency Department.
You have been evaluated today by (b) (6), (b) (7)(C) for the following condition(s):

(b) (6), (b) (7)(C)

Motor vehicle traffic accident involving a vehicle and a pedestrian. Car involved.

The following test(s) and/or procedure(s) were performed during your visit today.

(b) (6), (b) (7)(C)

INSTRUCTIONS

Warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise.

Prescription Medications:

(b) (6), (b) (7)(C)

Follow-up:

Follow up with your healthcare provider in three days if not better.

Understanding of the discharge instructions verbalized by patient.

ADDITIONAL INFORMATION

Motor Vehicle Accident: No Serious Injury

Your exam today does not show any sign of serious injury from your car accident. It is important to watch for any new symptoms that might be a sign of hidden injury.

It is normal to feel sore and tight in your muscles and back the next day, and not just the muscles yo

initially injured. Remember, all the parts of your body are connected, so while initially one area hurts, the next day another may hurt. Also, when you injure yourself, it causes inflammation, which then causes the muscles to tighten up and hurt more. After the initial worsening, it should gradually improve over the next few days. However, more severe pain should be reported.

Even without a definite head injury, you can still get a concussion from your head suddenly jerking forward, backward or sideways when falling. Concussions and even bleeding can still occur, especially if you have had a recent injury or take blood thinners. It is common to have a mild headache and feel tired and even nauseous or dizzy.

Even without physical injury, a car accident can be very stressful. It can cause emotional or mental symptoms after the event. These may include:

- General sense of anxiety and fear
- Recurring thoughts or nightmares about the accident
- Trouble sleeping or changes in appetite
- Feeling depressed, sad or low in energy
- Irritable or easily upset
- Feeling the need to avoid activities, places or people that remind you of the accident.

In most cases, these are normal reactions and are not severe enough to interfere with your usual activities. They should go away within a few days, or up to a few weeks.

Home care

Muscle pain, sprains and strains

Even if you have no visible injury, it is not unusual to be sore all over, and have new aches and pains the first couple of days after an accident. Take it easy at first, and do not over do it.

- At first, don't try to stretch out the sore spots. If there is a strain, stretching may make it worse. Massage may help relax the muscles without stretching them.
- You can use an ice pack or cold compress on and off to the sore spots 10 to 20 minutes at a time, as often as you feel comfortable. This may help reduce the inflammation, swelling and pain. You can make an ice pack by wrapping a plastic bag of ice cubes or crushed ice in a thin towel or using a bag of frozen peas or corn.

Wound care

- If you have any scrapes or abrasions, they usually heal within 10 days. It is important to keep the abrasions clean while they initially start to heal. However, an infection may occur even with proper care, so watch for early signs of infection such as:
 - Increasing redness or swelling around the wound
 - Increased warmth of the wound
 - Red streaking lines away from the wound
 - Draining pus

Medications

- Talk to your doctor before taking new medicine, especially if you have other medical problems or are taking other medicines.
- If you need anything for pain, you can take acetaminophen or ibuprofen, unless you were given a different pain medicine to use. Talk with your doctor before using these medicines if you have chronic liver or kidney disease, or ever had a stomach ulcer or gastrointestinal bleeding, or are taking blood thinner medicines.
- Be careful if you are given prescription pain medicines, narcotics, or medication for muscle spasm. They can make you sleepy, dizzy and can affect your coordination, reflexes and judgment. Do not drive or do work where you can injure yourself when taking them.

Follow-up care

Follow up with your healthcare provider, or as advised. If emotional or mental symptoms last more than 3 weeks, follow up with your doctor. You may have a more serious traumatic stress reaction. There are treatments that can help.

If X-rays or CT scan were done, you will be notified if there is a change that affects treatment.

Call 911

Call 911 if any of these occur:

- Trouble breathing
- Confused or difficulty arousing
- Fainting or loss of consciousness
- Rapid heart rate
- Trouble with speech or vision, weakness of an arm or leg
- Trouble walking or talking, loss of balance, numbness or weakness in one side of your body, facial droop

When to seek medical advice

Call your healthcare provider right away if any of the following occur:

- New or worsening headache or visual problems
- New or worsening neck, back, abdomen, arm or leg pain
- Shortness of breath or increasing chest pain
- Repeated vomiting, dizziness or fainting
- Excessive drowsiness or unable to wake up as usual
- Confusion or change in behavior or speech, memory loss or blurred vision
- Redness, swelling, or pus coming from any wound

(b) (6), (b) (7)(C)

Home care

Follow these guidelines when caring for yourself at home:

- Rest. Don't do any heavy lifting or strenuous activity. Don't do any activity that causes pain.
- If you have a severe cough, use a cough syrup with dextromethorphan, unless another cough medicine was prescribed. If you have high blood pressure, check with your health care provider or pharmacist before using an over-the-counter cough medicine.
- You may use acetaminophen or ibuprofen to control pain, unless another medicine was prescribed. If you have chronic liver or kidney disease, talk with your provider before using these medicines. Also talk with your provider if you've had a stomach ulcer or GI bleeding.

Follow-up care

Follow up with your health care provider, or as advised.

When to seek medical advice

Call your health care provider right away if any of these occur:

- A change in the type of pain. This means if it feels different, gets worse, lasts longer, or begins to spread into your shoulder, arm, neck, jaw, or back.
- Pain doesn't go away in 1 week
- Shortness of breath, difficulty breathing, or fast breathing

- Pain gets worse when you breathe
- Cough with dark-colored sputum (phlegm) or blood
- Weakness, dizziness, or fainting
- Fever of 101°F (38.3°C) or higher, or as directed by your health care provider

© 2000-2016 The StayWell Company, LLC. 780 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

DEPARTMENT OF THE NAVY

AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS

DATE 30 Oct 19

In connection with an official investigation, I, (b) (6), (b) (7)(C)
hereby authorize and request any and all doctors, hospitals, and other institutions having information or
records pertaining to any medical or psychiatric examinations or treatment that I have received at any
time to furnish full and complete information relative thereto to any duly authorized representative of the
PROVOST MARSHAL OFFICE

who presents this authorization. This authorization specifically includes authority to release for
examination and reproduction all pertinent psychiatric records, reports, diagnoses and clinical records,
and specifically includes the request that any doctors with knowledge of my case freely furnish their
evaluations and/or opinions.

(b) (6), (b) (7)(C)

(Signature)

Witness:

(b) (6), (b) (7)(C)